Entered 12/11/15 15:21:09 Case 2:15-bk-56868 Doc 16 Filed 12/11/15 Desc Main Document Page 1 of 6

Fill in this information	to identify your case:	
Debtor 1	Michael S. Farrell	
Debtor 2 (Spouse, if filing)		
United States Bankrup	otcy Court for the: SOUTHERN DISTRICT OF OHIO	
	15-bk-56868	Check if this is:
(If known)		An amended filing
		☐ A supplement showing post-petition chapter 13 income as of the following date:
Official Form	<u> B 6l</u>	MM / DD/ YYYY
Schedule I:	Your Income	12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Employment status	■ Employed	■ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
	employers.	Occupation		_Realtor
	Include part-time, seasonal, or self-employed work.	Employer's name	Live Technologies, LLC	
	Occupation may include student or homemaker, if it applies.	Employer's address	3445 Millenium Court Columbus, OH 43219	

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 5,150.00 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. +\$ 3. 0.00

Calculate gross Income. Add line 2 + line 3. \$ 5,150.00 0.00

0.00

0.00

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Deb	tor 1	Michael S. Farrell	_	Case no	umber (if known)	2:15-bk-56	868	
	Con	ry line 4 here	4.	For D	9ebtor 1 5,150.00	For Debto non-filing		
	-	*	٦.	Ψ	5,150.00	Ψ	0.00	-
5.		all payroll deductions:	Fo	¢.	222.27	¢.	0.00	
	5a. 5b.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans	5a. 5b.	\$	803.97 0.00	\$	0.00	-
	5c.	Voluntary contributions for retirement plans	5c.	\$	159.00	\$	0.00	•
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	
	5e.	Insurance	5e.	\$	452.82	\$	0.00	
	5f. 5g.	Domestic support obligations Union dues	5f. 5g.	\$	510.00	\$	0.00	-
	5h.	Other deductions. Specify:	5g. 5h.+	·	0.00	+ \$	0.00	-
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,925.79	\$	0.00	•
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,224.21	\$	0.00	-
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$ 1	,723.33	
	8b.	Interest and dividends	8b.	\$—	0.00	\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependen regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00	
	8e.	Social Security	8e.	\$	0.00	\$	0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Anticipated Income from Cutting Hair-Part time	e 8f.	\$	300.00	\$	0.00	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00	
	8h.	Other monthly income. Specify:	8h.+	\$	0.00	+ \$	0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	300.00	\$	1,723.33	3
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	3,	,524.21 + \$_	1,723.33	= \$	5,247.54
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedulade contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are no cify:	ır depend			ed in <i>Schedu</i>	le J. 	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The ree that amount on the Summary of Schedules and Statistical Summary of Certains					\$	5,247.54
13.	Do y	you expect an increase or decrease within the year after you file this form	n?				Combin monthly	ned y income
	_	Yes. Explain: Misc. deduction (on paystub) is not included in year. Employer was deducting payment for City NonFiling Spouse's income is based on 2014 no	taxes	paid o			l end by	end of

Official Form B 6I Schedule I: Your Income page 2

Fill	in this information to identify your case:			
	otor 1 Michael S. Farrell	C	neck if this is: An amended filing	
Deb	otor 2	-		ving post-petition chapter
1	ouse, if filing)		13 expenses as of	
Unit	ted States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO		MM / DD / YYYY	
Cas	se number 2:15-bk-56868			r Debtor 2 because Debtor
(If k	known)		2 maintains a sepa	rate household
O.	fficial Form B 6J			
S	chedule J: Your Expenses			12/13
Be	as complete and accurate as possible. If two married people are ormation. If more space is needed, attach another sheet to this fumber (if known). Answer every question.			
Par 1.	it 1: Describe Your Household Is this a joint case?			
	■ No. Go to line 2.			
	☐ Yes. Does Debtor 2 live in a separate household?			
	☐ No☐ Yes. Debtor 2 must file a separate Schedule J.			
2.	Do you have dependents? ☐ No			
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
	Do not state the dependents' names.	Daughter	10	□ No ■ Yes
				□ No
		Daughter		Yes
		Daughter	11	□ No ■ Yes
				□ No
		Son	14	■ Yes
		Daughter (College)	18	■ No □ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents? ■ No Yes			00
Est	Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless your expenses as of a date after the bankruptcy is filed. If this is a suppliplicable date.			
the	clude expenses paid for with non-cash government assistance if evalue of such assistance and have included it on <i>Schedule I:</i> Yorficial Form 6I.)		Your exp	enses
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	clude first mortgage	\$	1,650.00
	If not included in line 4:			
	4a. Real estate taxes	4a.	\$	0.00
	4b. Property, homeowner's, or renter's insurance	4b.	\$	0.00
	Home maintenance, repair, and upkeep expenses Homeowner's association or condominium dues		\$ \$	0.00
5.	Additional mortgage payments for your residence, such as home		\$	0.00

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Debtor	Michael :	S. Farrell	Case num	ber (if known)	2:15-bk-56868
6. U t	tilities:				
6. U i		heat, natural gas	6a.	\$	250.00
6k	•	ver, garbage collection	6b.	\$	70.00
60		, cell phone, Internet, satellite, and cable services	6c.	·	138.92
60	•		6d.		0.00
		ekeeping supplies	7.		
		hildren's education costs	7. 8.	\$	730.00
-			9.	*	0.00
		ry, and dry cleaning		\$	150.00
	•	roducts and services	10.	\$	25.00
	ledical and der	•	11.	\$	50.00
		Include gas, maintenance, bus or train fare.	12.	\$	246.00
	o not include ca		13.	\$	
		clubs, recreation, newspapers, magazines, and books		·	0.00
		ibutions and religious donations	14.	\$	0.00
	surance.	auranae deducted from your nay ar included in lines 4 or 20			
	5a. Life insura	surance deducted from your pay or included in lines 4 or 20.	15a.	\$	37.50
	5b. Health ins		15a. 15b.	·	
					0.00
	5c. Vehicle ins		15c.		296.00
	5d. Other insu	· · ·	15d.	\$	0.00
		clude taxes deducted from your pay or included in lines 4 or 20.	4.0	Ф	224.22
		iling Spouse Self Employment Taxes	16.	\$	224.00
		ional Tax on Cutting Hair		\$	30.00
		ease payments:	17a.	¢.	0.00
		ents for Vehicle 1		·	0.00
		ents for Vehicle 2	17b.	·	0.00
	7c. Other Spe		17c.	· ·	0.00
	7d. Other. Spe	·	17d.	\$	0.00
		of alimony, maintenance, and support that you did not report as	18.	\$	0.00
10 0	eauctea from y	your pay on line 5, Schedule I, Your Income (Official Form 6I).	10.	\$	
		you make to support others who do not live with you.	40	Φ	0.00
	pecify:	enter accompany mat in alread in lines 4 and at this forms on an Oak	19.	!	
		erty expenses not included in lines 4 or 5 of this form or on Sche	20a.		0.00
					0.00
	0b. Real estat		20b.	·	0.00
		nomeowner's, or renter's insurance	20c.		0.00
		ce, repair, and upkeep expenses	20d.		0.00
		er's association or condominium dues	20e.		0.00
21. O	ther: Specify:	Spouse's Student Loan	21.	_+\$	60.12
22 V	our monthly o	kpenses. Add lines 4 through 21.	22.	\$	2 057 54
		r monthly expenses.	22.	J — —	3,957.54
	•	nonthly net income.			
		12 (your combined monthly income) from Schedule I.	23a.	\$	E 247 E4
		monthly expenses from line 22 above.	23a. 23b.	•	5,247.54
23	ob. Copy your	monthly expenses from the 22 above.	∠30.	-φ	3,957.54
25	30 Subtract v	our monthly expenses from your monthly income			
23		our monthly expenses from your monthly income. is your <i>monthly net income</i> .	23c.	\$	1,290.00
	THE TESUIL	is your monthly not income.	200.	·	-,
Fo me	or example, do yo odification to the	in increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect you terms of your mortgage?			ease or decrease because of a
	No.				
] Yes.				
	xplain:				

United States Bankruptcy Court Southern District of Ohio

In re	Michael S. Farrell			2:15-bk-56868
		Debtor(s)	Chapter	13

AMENDED DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing document(s), consisting of	4	_page(s),
and that they are true and correct to the best of my knowledge, information, and belief.		

_			
Date	December 11, 2015	Signature	/s/ Michael S. Farrell
			Michael S. Farrell
			Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

CERTIFICATE OF SERVICE

I hereby certify that a true and accurate of copy of the foregoing **Amended Schedules "I" and "J"** was served upon all parties on the attached list by electronic and/or ordinary U.S. Mail, postage prepaid, this <u>11th</u> day of <u>December</u>, 2015.

/s/Christal L. Caudill Christal L. Caudill

VIA ELECTRONIC SERVICE:

- Asst US Trustee
- Faye English
- Brian M Gianangeli

VIA ORDINARY MAIL:

Michael S Farrell 4234 Scenic View Drive Powell, OH 43065